MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/019892

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2				/		
3				/		
4				/		
5		2		/		
6				/		
7				/		
8				/		
9		2		/		
10		①		/		
11	/		/			
12						
13				/		
14				/		
15				/		
16		2		/		
17				/		
18		①		/		
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49						
50						
TOTAL IND.	3	→	3	→		→
TOTAL DEP.	21		17			
TOTAL CLAIMS	24		20			

		*		*		*	
CLAIMS		IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52							
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99							
100							
TOTAL IND.			→		→		→
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)